

MAIL TO:  
Office of the Attorney General  
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COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2003

2002 ANNUAL FINANCIAL REPORT  
(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.

Name and Address of Commercial Fund-raiser:

CF 366  
  
SHARE GROUP, INC.  
99 Dover St.  
Somerville, MA 02144

Name and Address of Charitable Organization:

CT No. 113557 F.E.I.N. No. 52-1081261  
NATIONAL WOMENS HEALTH NETWORK  
Name of Charity  
514 10th Street, NW Suite 400  
Address of Charity  
Washington DC 20004  
City, State, and ZIP Code of Charity

Figures from (check one):

National Campaign ☒

California Campaign ☐

Telemarketing

(Type of Activity)

held (on) (from) 8/1/02, 20\_\_\_, to 7/31/03, 20\_\_\_.

(Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one)

If other, provide brief explanation \_\_\_\_\_

Fee ☒ Percentage ☐  
Other ☐

1. REVENUE

A. Cash contributions	\$24,887.00	A.
B. Entertainment sales or admission charges	_____	B.
C. Sales from products	_____	C.
D. Advertisement sales	_____	D.
E. Membership fees	_____	E.
F. Other sources: (Specify)		
a. _____	_____	Fa.
b. _____	_____	Fb.
c. _____	_____	Fc.
d. _____	_____	Fd.

G. TOTAL REVENUE

\$24,887.00 G.

2. EXPENSES

A. Fees or commissions	_____	A.
B. Salaries	_____	B.
C. Payroll taxes	_____	C.
D. Employee benefits	_____	D.
E. Cost of merchandise for resale	_____	E.
F. Cost of entertainment	_____	F.
G. Postage	_____	G.
H. Advertising	_____	H.
I. Telephone	_____	I.
J. Rental of equipment	_____	J.
K. Facilities charge	_____	K.
L. Permits	_____	L.
M. Other expenses: (Specify)		
a. _____	_____	Ma.
b. _____	_____	Mb.
c. _____	_____	Mc.
d. _____	_____	Md.

N. TOTAL EXPENSES

n/a N.

RECEIVED

APR 17 2003

Attorney General's  
Department of Charitable Trusts

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3. Amount to Charity (subtract line 2N from line 1G) \$24,887.00 3.
4. Less additional fund-raising expenses paid by charity (to be completed by charity) \$22,915.00 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) \_\_\_\_\_ 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) \$1,972.00 6. ✓

7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

[ ] Yes [X] No If "yes," complete the following:


Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

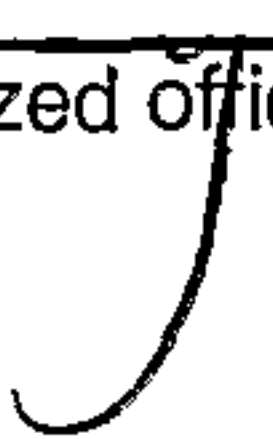
- (b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

 Dennis McCarthy, President 10-30-03  
Signature of authorized officer (Commercial Fund-raiser) Printed Name Title Date

This report must be signed by two officers or directors of the charitable organization for verifying the distribution.

 Cynthia A. Pearson Executive Director  
Signature of authorized officer/director (Charity) Printed Name Title Date

 Beverly B. Thomas Membership Coordinator  
Signature of authorized officer/director (Charity) Printed Name Title Date

ITEMIZATION OF EXPENSES OF CHARITABLE SOLICITATION		
NATIONAL WOMENS HEALTH NETWORK		CONTRACT THRU 7/31/03
Fundraising Fees	\$22,021	
Printing Costs	\$298	
Phone Match Fees	\$367	
License & Permit Expenses	\$69	
Postage Expenses	\$160	
TOTAL EXPENSES	\$22,915	